

**COMMERCIAL FOREST PROGRAM
APPLICATION TO LIST LAND***Required by authority of Part 511 of 1994 PA 451, as amended, to list land under the CF Program.****The Commercial Forest (CF) program provides a tax incentive to private landowners to retain and manage forestland for long-term timber production.*****FOR DNR USE ONLY**

Case Number

Owner ID

Postmark

INSTRUCTIONS:

- Application must be postmarked or delivered **no later than April 1**, to be eligible for listing on January 1 of the following tax year.
- Application must be typed or printed, signed by all legal landowners and notarized.
- A forest management plan certification, a copy of the forest management plan and copies of the recorded deed or recorded land contract must be submitted with this application.

1. PRIMARY OWNER (WHERE OFFICIAL CORRESPONDENCE SHOULD BE SENT)		2. OWNER TYPE (CHECK ONLY ONE)	
Name		<input type="checkbox"/> Forest Industry <input type="checkbox"/> Private Individual(s) <input type="checkbox"/> Other Business <input type="checkbox"/> Club or Group <input type="checkbox"/> Other (explain): _____	
Address			
City, State & ZIP			
Telephone (Work) ()	Telephone (Home) ()		
3. ALL ADDITIONAL OWNERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
Name		Name	
Address		Address	
City, State & ZIP		City, State & ZIP	
Telephone (Work) ()	Telephone (Home) ()	Telephone (Work) ()	Telephone (Home) ()
Name		Name	
Address		Address	
City, State & ZIP		City, State & ZIP	
Telephone (Work) ()	Telephone (Home) ()	Telephone (Work) ()	Telephone (Home) ()
4. EVIDENCE OF OWNERSHIP			
I (We) certify that I (We) own all of the lands in this application, and have submitted a copy of the: (check one) <input type="checkbox"/> Deed, as recorded with the County Register of Deeds, evidencing ownership of lands in this application. <input type="checkbox"/> Land Contract, as recorded with the County Register of Deeds, evidencing ownership of lands in this application.			
5. LAND APPLICATION HISTORY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> I (We) already own CF lands. <input type="checkbox"/> I (We) own CF lands that are contiguous to lands in this application.			

6. LEGAL LAND DESCRIPTION(S)

***Net acres include easements, but not rights-of-way or land owned in fee title by others. Submit copies of any maps, sketches or drawings that identify the land to be considered. Use additional sheets if necessary.**

	County	Township	School District	Town	Range	Section	Net Acres*
	Clinton	Bath	Bath	5N	1W	23	40.0
Legal Description: NE 1/4 of NE 1/4							

1	County	Township	School District	Town	Range	Section	Net Acres*
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Legal Description:

DNR USE ONLY	Parcel No.	<input type="checkbox"/> Approve Initials:	<input type="checkbox"/> Deny Initials:	Reason(s)
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2	County	Township	School District	Town	Range	Section	Net Acres*
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Legal Description:

DNR USE ONLY	Parcel No.	<input type="checkbox"/> Approve Initials:	<input type="checkbox"/> Deny Initials:	Reason(s):
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3	County	Township	School District	Town	Range	Section	Net Acres*
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Legal Description:

DNR USE ONLY	Parcel No.	<input type="checkbox"/> Approve Initials:	<input type="checkbox"/> Deny Initials:	Reason(s):
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4	County	Township	School District	Town	Range	Section	Net Acres*
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Legal Description:

DNR USE ONLY	Parcel No.	<input type="checkbox"/> Approve Initials:	<input type="checkbox"/> Deny Initials:	Reason(s):
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5	County	Township	School District	Town	Range	Section	Net Acres*
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Legal Description:

DNR USE ONLY	Parcel No.	<input type="checkbox"/> Approve Initials:	<input type="checkbox"/> Deny Initials:	Reason(s):
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6	County	Township	School District	Town	Range	Section	Net Acres*
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Legal Description:

DNR USE ONLY	Parcel No.	<input type="checkbox"/> Approve Initials:	<input type="checkbox"/> Deny Initials:	Reason(s):
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TOTAL NET ACRES:

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7. TIMBER RIGHTS CERTIFICATION

I hereby certify that I own the timber rights to the standing timber on ALL lands in this application.

☐ Yes ☐ No *If No, provide legal description of land for which you DO NOT own timber rights.*

8. FOREST MANAGEMENT PLAN CERTIFICATION

I have attached my forest management plan certification with this application. ☐ Yes ☐ No

I have attached a copy of my forest management plan. ☐ Yes ☐ No

This Forest Management Plan was prepared and signed by:	Title	Michigan Registered Forester Number (if applicable)
Name		
Address	Date Plan was signed by Writer	
City, State & ZIP	Telephone Number ()	

9. QUESTIONS

Are delinquent property taxes due on the lands in this application? ☐ Yes ☐ No

If Yes, provide legal description of land for which you owe taxes.

Is any of the land described in this application subject to any other tax exempt program, such as Farmland and Open Space Preservation or Qualified Forest Tax Exemption? ☐ Yes ☐ No

If Yes, identify the program and provide a legal description of the land.

Are zoning ordinances in effect that cover lands in this application? ☐ Yes ☐ No

If Yes, for what use are these lands zoned?

Are the following uses occurring on lands in this application? If Yes, please identify by parcel number(s) below:

Use	Yes	No	Parcel Number					Use	Yes	No	Parcel Number				
Mineral Extraction	<input type="checkbox"/>	<input type="checkbox"/>						Industrial	<input type="checkbox"/>	<input type="checkbox"/>					
Development	<input type="checkbox"/>	<input type="checkbox"/>						Commercial - other than forest management	<input type="checkbox"/>	<input type="checkbox"/>					
Residential	<input type="checkbox"/>	<input type="checkbox"/>						Buildings and/or other improvements	<input type="checkbox"/>	<input type="checkbox"/>					
Agricultural	<input type="checkbox"/>	<input type="checkbox"/>						Resort	<input type="checkbox"/>	<input type="checkbox"/>					
Grazing	<input type="checkbox"/>	<input type="checkbox"/>						Developed recreational	<input type="checkbox"/>	<input type="checkbox"/>					

10. ATTEST TO APPLICATION (ALL OWNERS MUST SIGN IN PRESENCE OF NOTARY)

I (we) hereby certify that, to the best of my (our) knowledge and belief, the foregoing statements contained herein and on all attachments are true and correct and I (we) hereby apply to have these lands listed as Commercial Forests. I (we) also certify that I (we) will fully comply with the statute and its administrative rules for all lands in this application that are listed under the statute, and will devote these lands to Commercial Forest management.

Signed on this _____ day of _____, _____ at (City) _____ (State) _____

☐ Signature of Primary Owner or ☐ Signature of Power of Attorney (submit copy of Power of Attorney)

Signatures of Additional Owners **(ALL owners must sign in presence of Notary Public.)**

Owner _____ Date _____ Owner _____ Date _____

Owner _____ Date _____ Owner _____ Date _____

11. NOTARY PUBLIC

STATE OF MICHIGAN (OR STATE OF) _____, COUNTY OF _____

ON THIS _____ DAY OF _____, _____ BEFORE ME THE UNDERSIGNED NOTARY PUBLIC WITHIN AND FOR THE SAID COUNTY DID

PERSONALLY APPEAR _____
(OWNER NAMES)

TO ME KNOWN TO BE THE SAME PERSON(S) WHO EXECUTED THE FOREGOING INSTRUMENT AND WHO ACKNOWLEDGED THE SAME TO BE (HIS/HER/THEIR) FREE ACT AND DEED.

NOTARY BLOCK (PLEASE PRINT OR TYPE)

Name	Telephone (Work) ()
Address	My Commission Expires
City, State & ZIP	Signature

12. NON-REFUNDABLE LISTING APPLICATION FEE

A non-refundable listing application fee must be submitted with this application, as shown below:

- ☐ 200 Acres or less – listing application fee is \$200.
- ☐ 201 Acres or more – listing application fee is \$1.00 per acre, or fraction of an acre, up to a maximum fee of \$1,000.
- ☐ 1,000 Acres or more – listing application fee is \$1,000.

This application must be postmarked or delivered **no later than April 1**,
to be eligible for listing on January 1 of the following tax year.

**Send this application and a check or money order
(do not send cash) to:**

**COMMERCIAL FOREST LISTING APPLICATION
FOREST MINERAL & FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952**

QUESTIONS -Please call Michigan Department of Natural
Resources, Forest, Mineral & Fire Management at (517) 373-1275

DNR CASHIER'S USE ONLY (73550-51100-9026)